PHN contribution to	(county/city) Public Health Improvemen
	Plan for 2002

Assessment:
In (county/city), data for year shows community knowledge about health and human service resources is as follows:  Insert county/city data here that describes the community knowledge about resources showing the distribution by race, ethnic group, gender, immigration status, age, geographic area, etc.
Community knowledge about resources differs from or is similar to the county/state profile in the following ways:  Insert county/state comparison data here.
Describe the qualitative and quantitative factors that influence community knowledge about health and human service resources in(county/city). Aim to answer the question, "What are the factors that contribute to lack of knowledge about health and human service resources among the population in the county/city?"
Diagnosis:
The county/city Public Health Team may determine that there is a lack of knowledge in the population concerning how to resolve specific public health concerns. In addition, the Public Health Team determines that the population is having difficulty accessing resources (i.e., health care, food, mental health, social support, housing, etc.) that are available in the community, either because of lack of knowledge about health and human service resources or barriers to accessing resources resulting in unmet needs/concerns.
NOTE: If the county/city can promise improvement in the community knowledge about health and human service resources for everyone living in the county/city, then so state here. If there are no resources available to promise improvement in all, then under this heading describe in what way community knowledge about resources is worse for different groups. For instance, it isoverall but for residents of(specific city) (therefore the focus for improvement efforts is on residents of that city).
Identifying Outcomes:
Outcome Objective 1:
By (date), there will be a% increase in use of health and human service resources by the population, from a baseline of to, as evidenced by

Outcome Objective 2:	
By(date), there will be a% reduction in concern related to publically pealth issue in the population, from a baseline of to, as evidenced by	С
Planning and Action:	
ntermediate Objectives	
DEFINITION: Intermediate Objectives link the Outcome Objectives to the Process Objectives. They describe changes that will occur that ultimately result in or produce the desired outcome. They are precursors to attain the outcome. Intermediate Objectives have shorter time frames and clearly reflect what can be accomplished measured within the time period of the program plan. Intermediate Objectives assess measures, which have probability of reducing a health problem or increasing resiliency/capacity. These objectives measure the improperience interventions designed to achieve the outcome. Intermediate Objectives measure changes in organizations, laws, policies, and power structures at the systems level, changes in community norms, attitude awareness, beliefs, practices, and behavior at the community level, and knowledge, attitude, beliefs, values, circumstances, behaviors, and practices at the individual/family level.]  The following are examples of possible/suggested Intermediate Objectives related to reducting the public's perception of public health goals and roles based on best practices in PHN experience.	ning d and e a high act of des, skills,
<ol> <li>By(date),% of the population will demonstrate a increase in awareness related to health and human service resources available community, as measured by</li> </ol>	
By(date),% of the population will demonstrate a increase in knowledge concerning public health message, as measured by	an ;
Using several of the above examples, the following is a demonstration of how the process extends from the Intermediate Objective to the Process Objectives, which describe the action/interventions.	

#### Process Objectives for Intermediate Objectives #1-2:

[DEFINITION: Process objectives are the methods of the intervention. They detail the specific tasks that will be carried out within a specified time frame. Process objectives describes the input; the means by which the intervention or strategy will be implemented. They include inputs, participation, and reactions.]

The following Process Objectives focus on activities that occur at an Ask-the-Nurse site. Ask-the-Nurse interventions, as Process Objectives, provide advice/assistance to a population regarding specific client-initiated concerns and/or a specific <u>public health message</u> for the population. The Consumer/Community Service Form is used to document the encounter. A complete PHN Assessment of the client/family at the Ask-the-Nurse site is not required, though it may be initiated at PHN discretion or the client/family may be referred to the PHN of residence to initiate/complete the assessment.

Examples of public health messages are encouraging immunization completion, increasing knowledge about the need for increasing physical activity, identifying those at risk for asthma, and so on. Choosing the public health message to promote would depend on the Intermediate Objective(s) that will achieve the county/city public health improvement Outcome Objectives decided on by the county/city Public Health Team. The effect of the promotion of a public health message with a population would be expressed as a measurable Process Objective.

As with any PHN intervention, Ask-the-Nurse would be part of an overall interdisciplinary strategy to achieve the Intermediate Objective(s) toward achieving an Outcome Objective.

Process Objective 1:
By (date), PHN will collaborate with(#) local community agencies where large numbers of the population gather
to establish Ask-the-Nurse sites.
Process Objective 2:  By (date), at the Ask-the-Nurse sites, the PHN will assess(#) clients/families to identify concerns and needed resources.
Process Objective 3:  By (date), PHN will offer advice and consultation to% of clients/families and refer to resources as needed.
Process Objective 4:  By (date), PHN will advocate for% of clients/families in assuring appropriate referrals are made.
Process Objective 5:  By (date), when appropriate based on PHN judgment,% of public health nurses will refer clients/families to the PHN of residence for a complete PHN Assessment and follow up to reinforce advice/counseling given at the Ask-the-Nurse site and to ensure the completion of referrals.
Process Objective 6:  By (date), the PHN will provide(#) educational sessions concerning the public health message(s) determined by the county/city Public Health Team.
Process Objective 7:  By (date), where Ask-the-Nurse sites have been established, the PHN will provide consultation to% of agency representatives requesting consultation as needed related to health concerns and health and human service resources available in the community and will reinforce with them the public health message(s) as determined by the Public Health Team.

And so on...

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Under the direction of the local health department nursing director, additional relevant Intermediate Objectives should be developed that address the Outcome Objectives as well as specific Process Objectives that address each Intermediate Objective.

Ultimately, the Outcome Objective of increasing knowledge about community resources among the population will *only be achieved if other disciplines and the community* contribute to identifying Intermediate and Process Objectives.

#### **Evaluation**

Each Process Objective and Intermediate Objective should have a mechanism to evaluate whether or not the objective was accomplished. This includes a mechanism to track progress toward achieving the Outcome Objective at regular intervals.